

No 16

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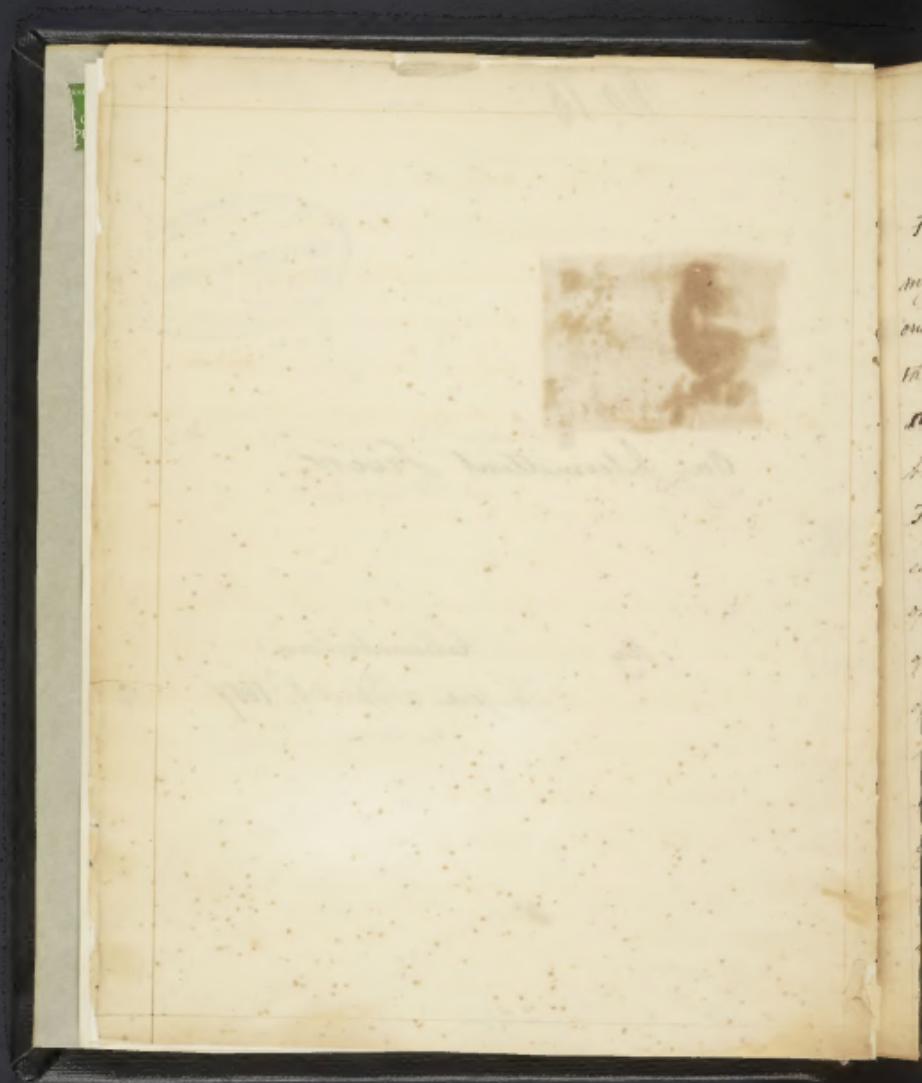


On Intermittent Fevers.

By

Chamberlain

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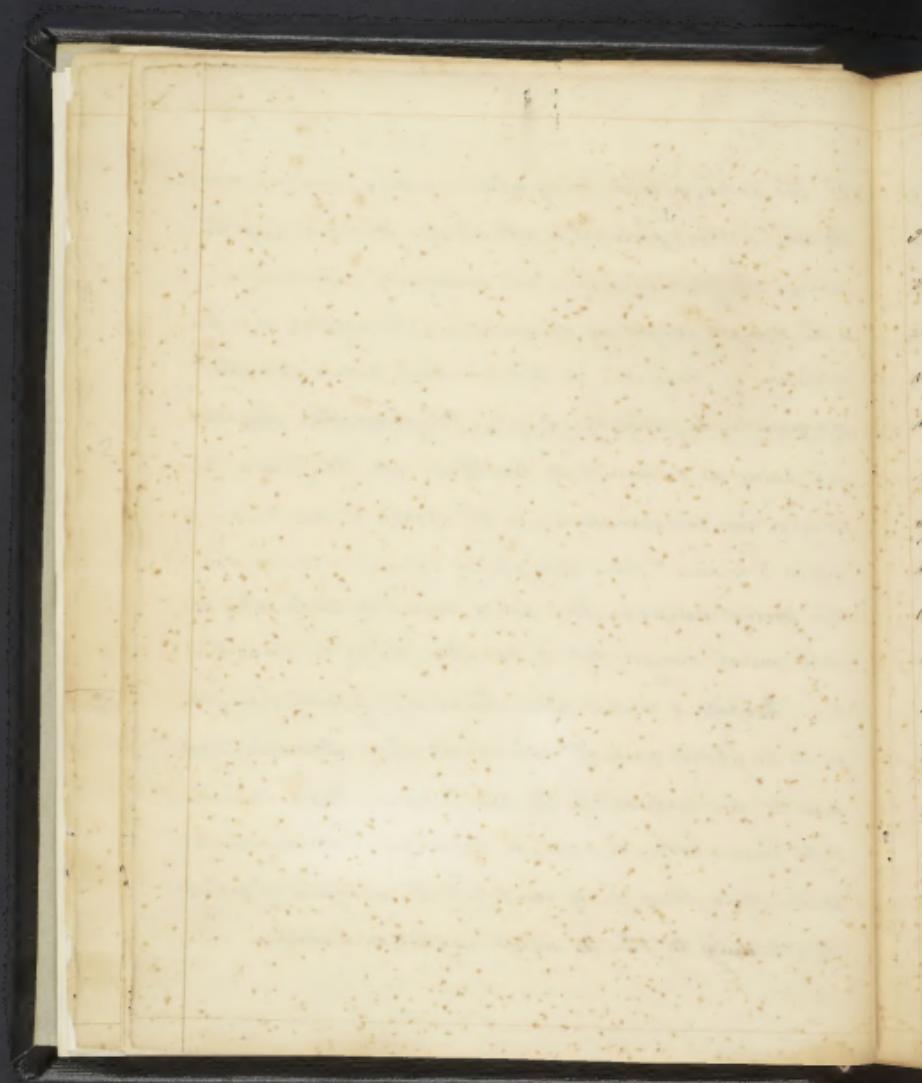
Prefatory Remarks

From the multitudinous of subjects presenting themselves to my view, I have found no small difficulty in selecting one; for the present day, populating more claims to notice than another; for be the subject what it may, ~~whether~~ arguments matter can a student bring forth, unless it be experiment.

Fever, that grand outlet to human life, has from the earliest dawn of medical science, engaged the attention of man, yet let me ask, in what does it consist? This question which has so long been reiterated from every part of the world, has never yet been satisfactorily answered. Bullen defines fever to consist "in an increased frequency of the pulse, with an increase of temperature, preceded by a shivering, and accompanied by an interruption and disorder of moral functions, particularly, some diminution of strength in the animal functions." This is by no means a satisfactory definition of fever, there may be a great inter-

X The candidate acknowledges this statement to be
incorrect -

of the pulse, as immediately after running, jumping and
the like, without fever; it is not always preceded by a high
rising the temperature is not invariably increased, nor
is the strength uniformly diminished. Imperfect as is this
definition of fever, it is the best we have, and a definition
is preferable to no theory at all. Of fevers there are several
kinds as Intermittent, Remittent &c. The first of them
being a very common disease in the section of country in
which I reside, I have thought it a proper subject for
the present purpose. It is not a disease in itself attended
with much danger, but it too often leads to others that
are. Scrofula, a disease often fatal, is frequently brought
on by neglected cases of intermittent fever. Scrophulus, Jaun-
dice &c. are produced by the same cause. These diseases
with many others that might be mentioned, concur in the
intervall of fever fully point out the necessity of prudence
by attending to this too much neglected disease.

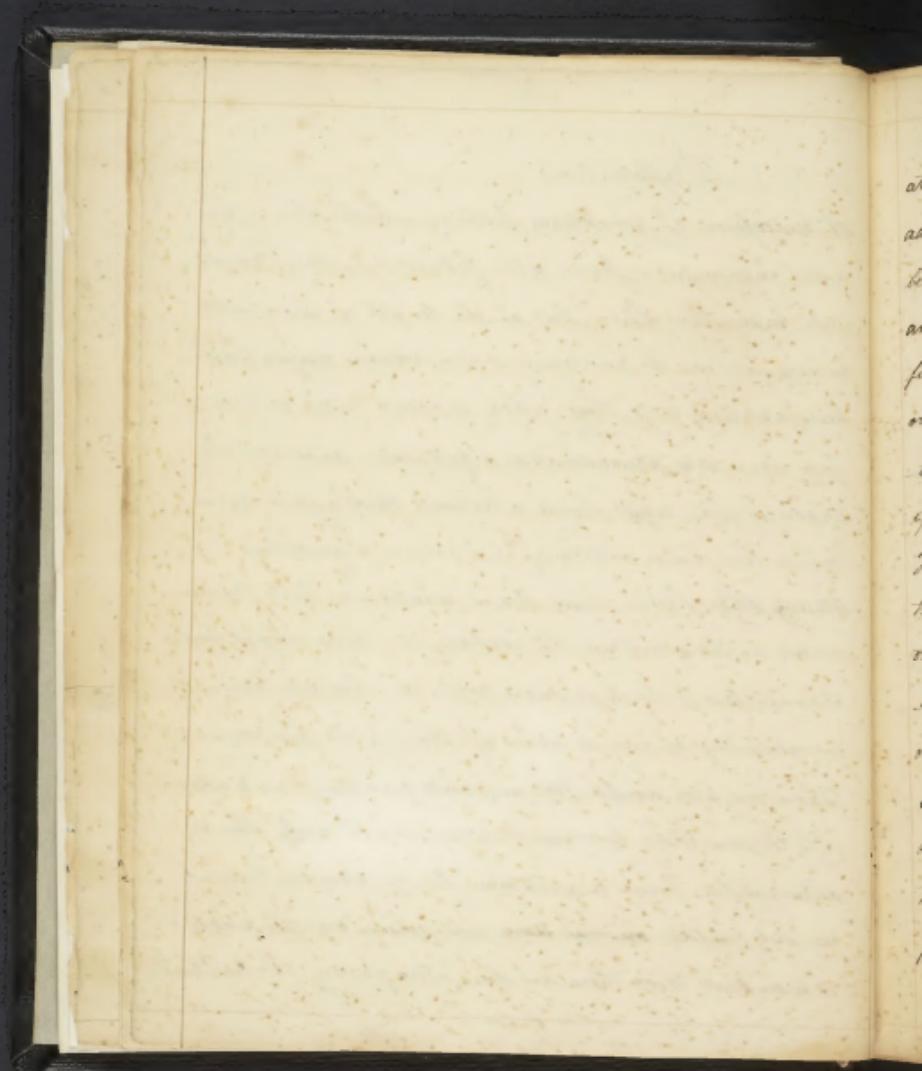


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Diphterit.

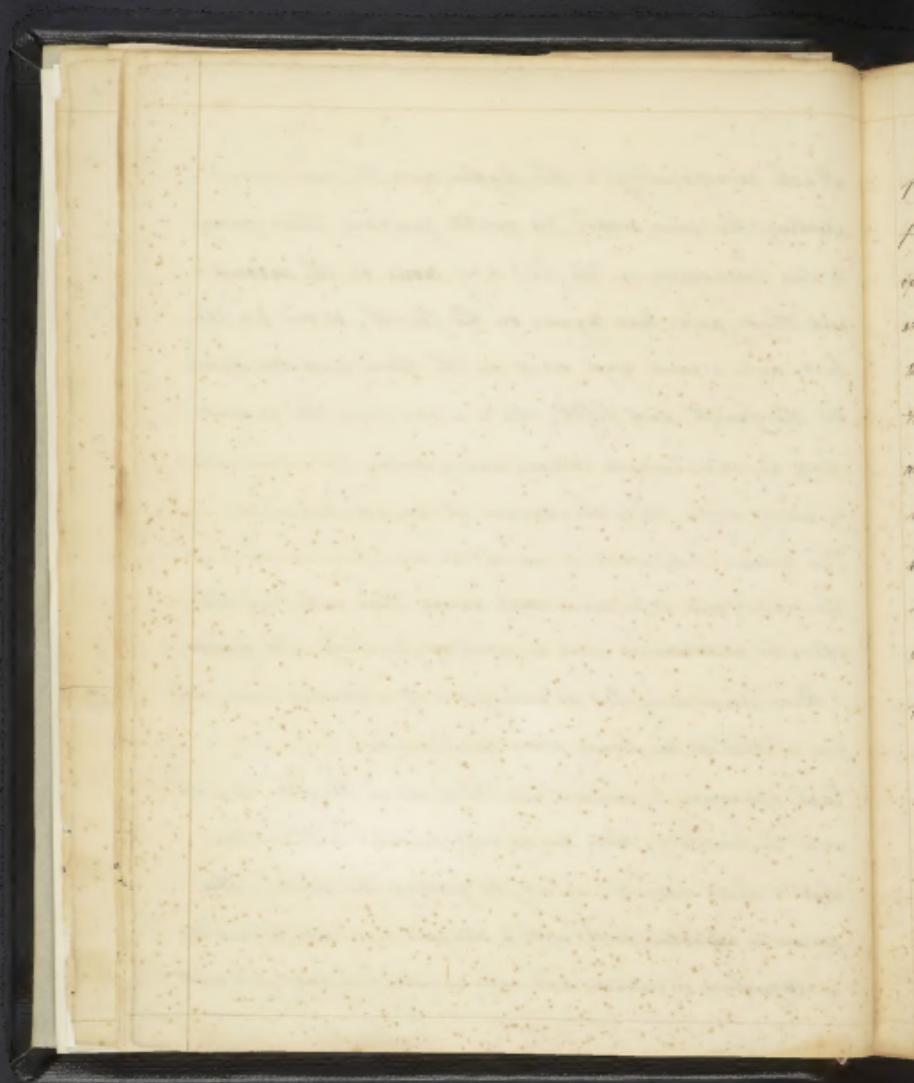
A succession of paroxysms between which there is an entire remission from all febrile symptoms constituting intermittent fever, but as the length of time intervening between the paroxysms differs, various names have been applied to it, thus, when it occurs once in twenty four hours, it is denominated a quotidian, once in the space of forty eight hours, a tertian, and again, when nearly two hours intervene it is called a quartan.

Many other fevers have been mentioned by authors with as the quintain the octaua &c, these might have occurred, but I think it more probable that they were irregularities of one or other of those above mentioned. There are also double tertians and quartans: in a double tertian there is commonly an attack daily, this is distinguished from a quotidian by the attack being at usually milder and less dangerous on the second, it is evident that there are here two forms, the lighter



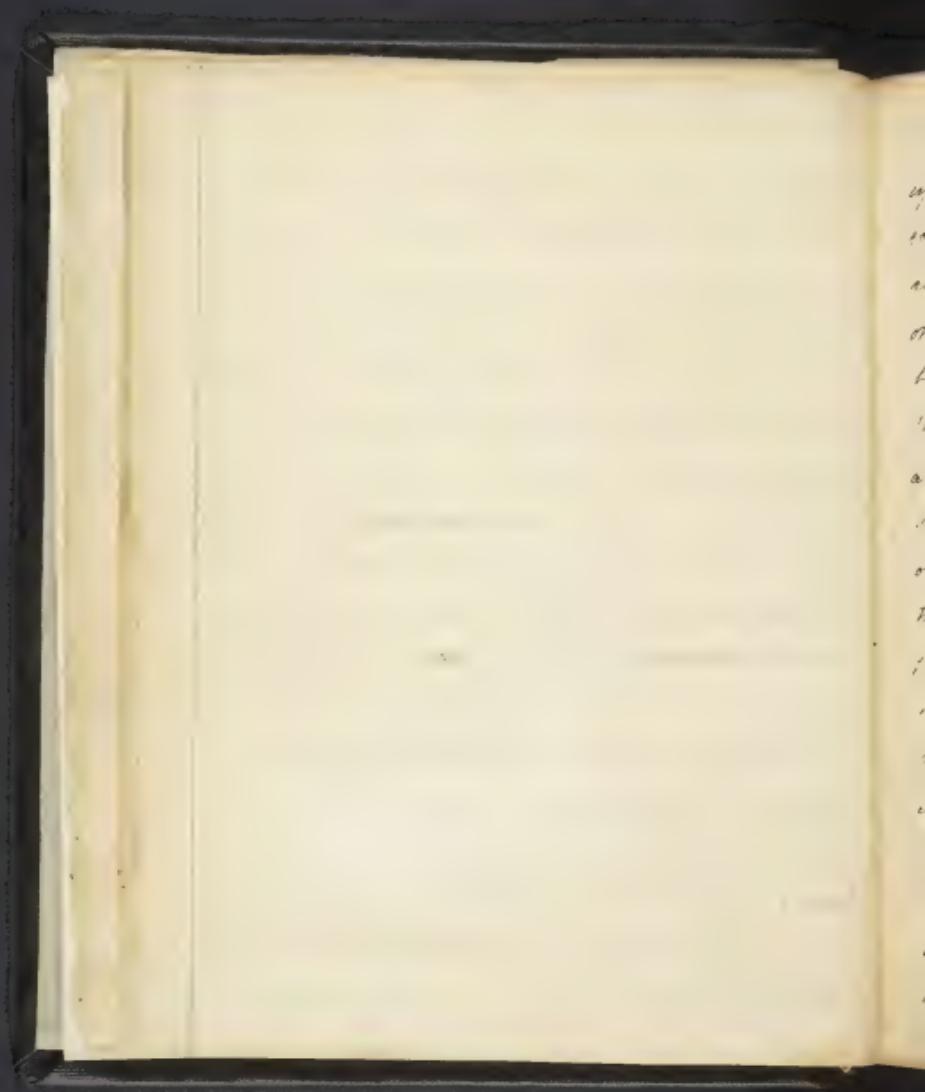
attack corresponding to the lighter, and the more severe
adopting the same order. In double tertian there may
be two paroxysms on the first day, none on the second
and third, and two again on the fourth, or one on the
first and second days, none on the third and one again
on the fourth and fifth, this is a rare form, but it some-
times appear. Triple tertian and quartan have been noticed
by many writers, they are however of very rare occurrence.
The tertian I believe to be much the most frequent form of
the disease, and it is more easily cured than either of the
other; the quartan is next in point of frequency; The quartan
I have never seen but as arising out of protracted cases of
one or other of the forms above mentioned.

Each paroxysm is divided into three stages the cold, the hot,
and the sweating; these are so well described by Dr. Cullen
that I shall take the liberty of quoting his words. "The
person is affected first, with a languor and sense of debility,
a sluggishness in motion, and some uneasiness in exerting himself.



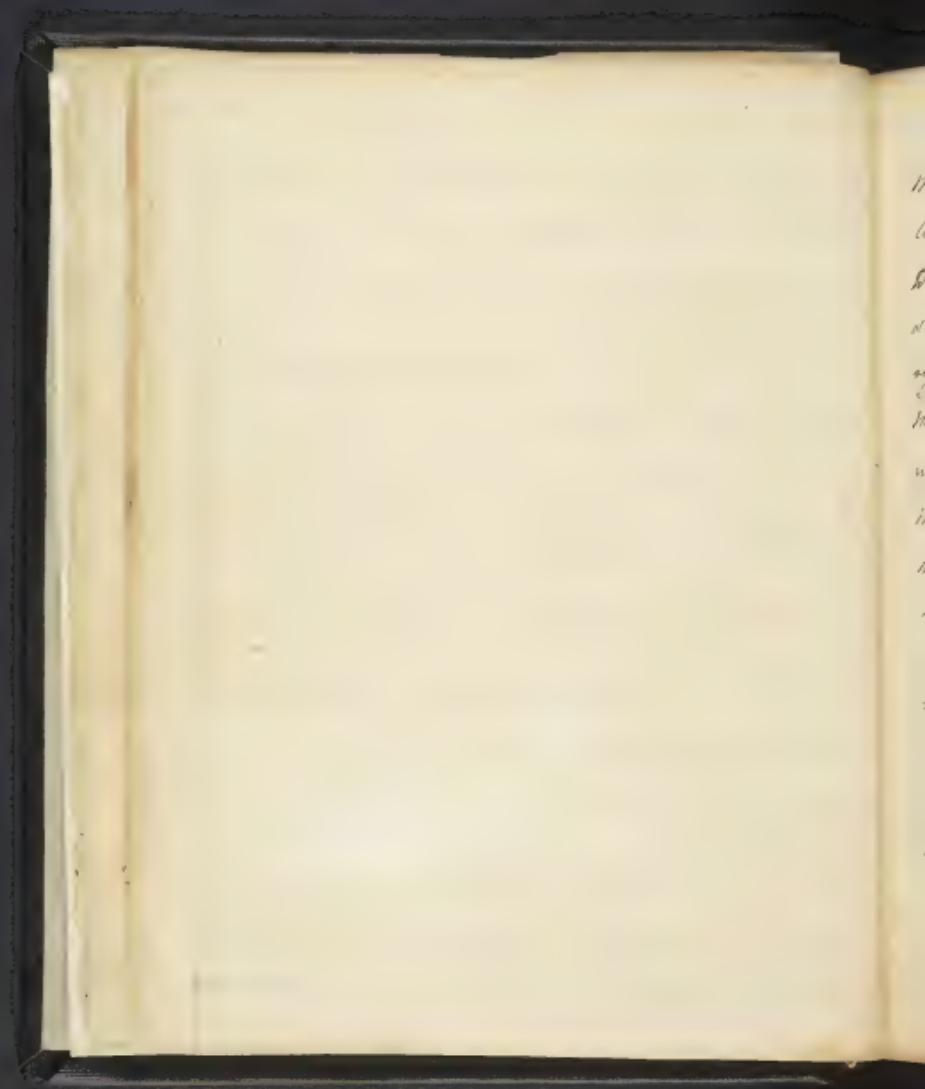
present - warm and skeleton: at the same time the
face and extremities become pale; the respiration quick, the pulse
is in extreme heat & commotion, and the skin over the
whole body appears contracted, and cold, and is tinged
with red. At the coming on of those symptoms, some coldness of
the extremities, though not often noticed, may be observed
may be perceived by another person. at length the patient

will have a sensation of cold commonly first in his head
but from thence passing over the whole body, and now
has this feel warm in another person. The patient sense
of cold increasing, produces a tremor ^{all} in his body with
violent perspiration or signs of hot sweat of the body.
When this sense of cold and its effects, have continued for
some time, they become less violent and committuted
with warm skin. - By degrees the cold goes off entirely
and a heat greater than natural occurs. - - - - - and
extending over the whole body. With this heat, the colour
of the skin returns and a perspiration all over the



especially in the face. Whilst the heat and sweat come on the skin is relaxed and smoother, but does not continue long without you. The features of the face, and other parts of the body, recover their natural size, and become even more enlarged. When the heat, redness and perspiration have increased and continued, there comes a moisture appears upon the forehead and by degrees becomes a sweat, which gradually collects and covers over the whole body. & this sweat continues to cover the heat of the body abates, the sweat, after continuing for some time, gradually ceases, the body returns to its natural temperature, and most of the functions are restored to their ordinary state."

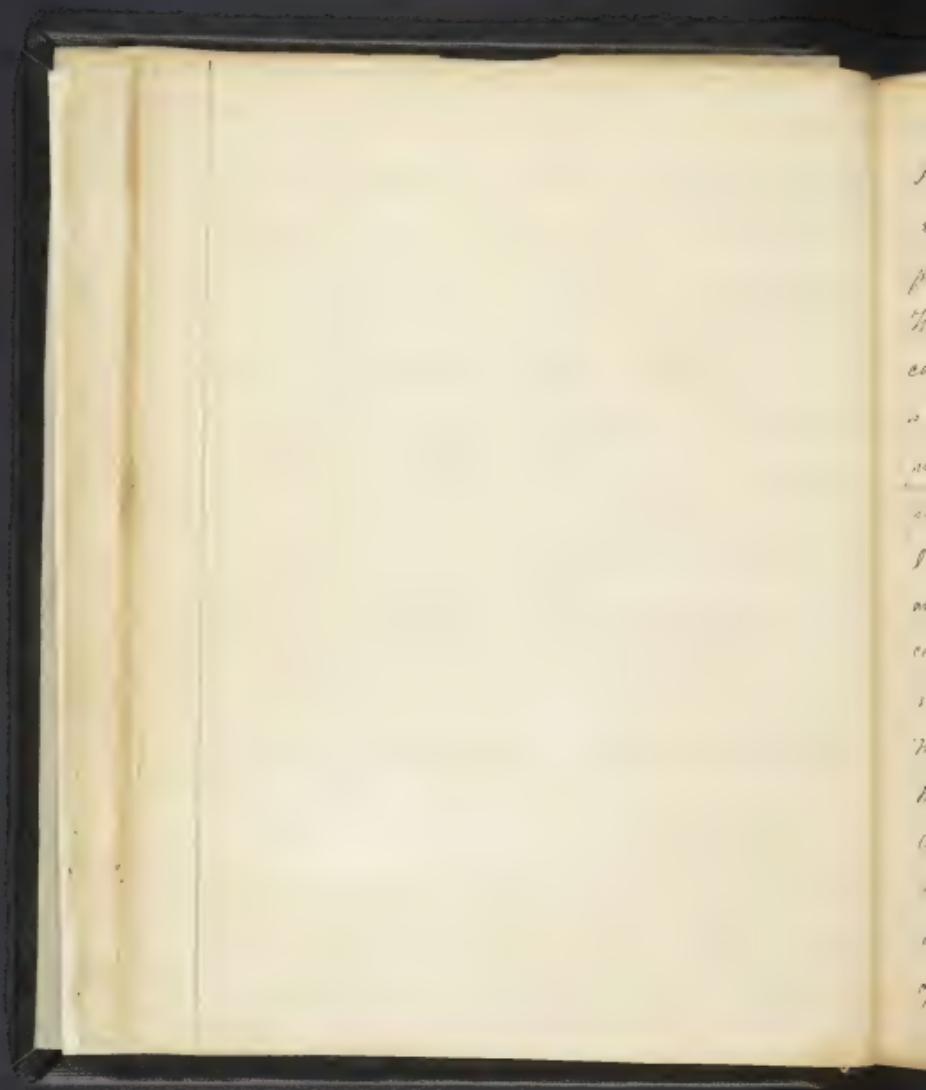
"At the commencement of a fever, in which the patient begins to feel languid, the pulse is slower and weaker than natural, as the cold stage advances, it is small, frequent and irregular; upon the approach of the hot stage the pulse is, hot and hard, and as



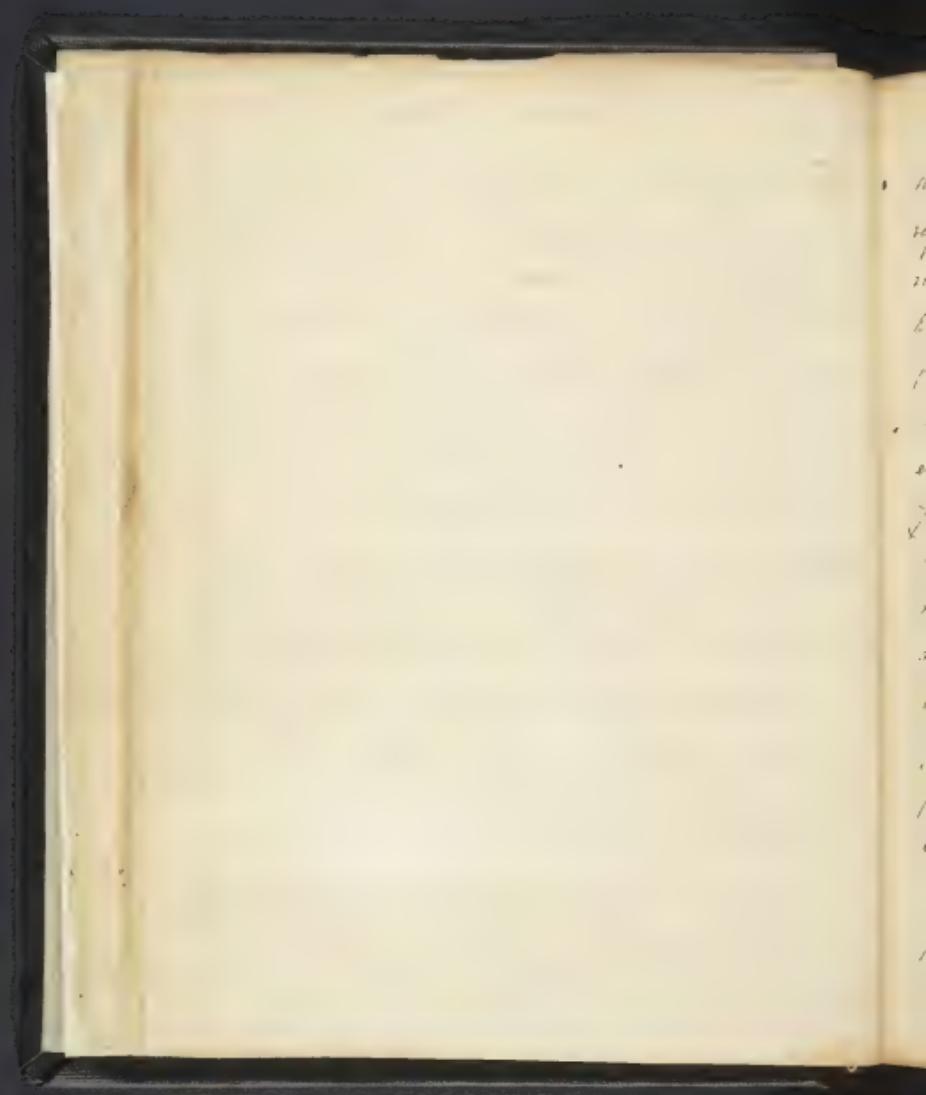
The sweating stage comes on, & becomes soft and
less frequent, until it ceases. The natural stage is
During the cold stage, the respiration is slow and
difficult. This by a rule under the regulation of the
sympathetic existing between the stomach and lungs.
There is also at this time a salivation movement which
which is produced by the contraction of the sphincter of
the tongue and, &c.

We have cases recorded in which the cold stage has
been wanting, and also the hot, and even when the
hot stage has preceded the cold, in this are
cases uncommon.

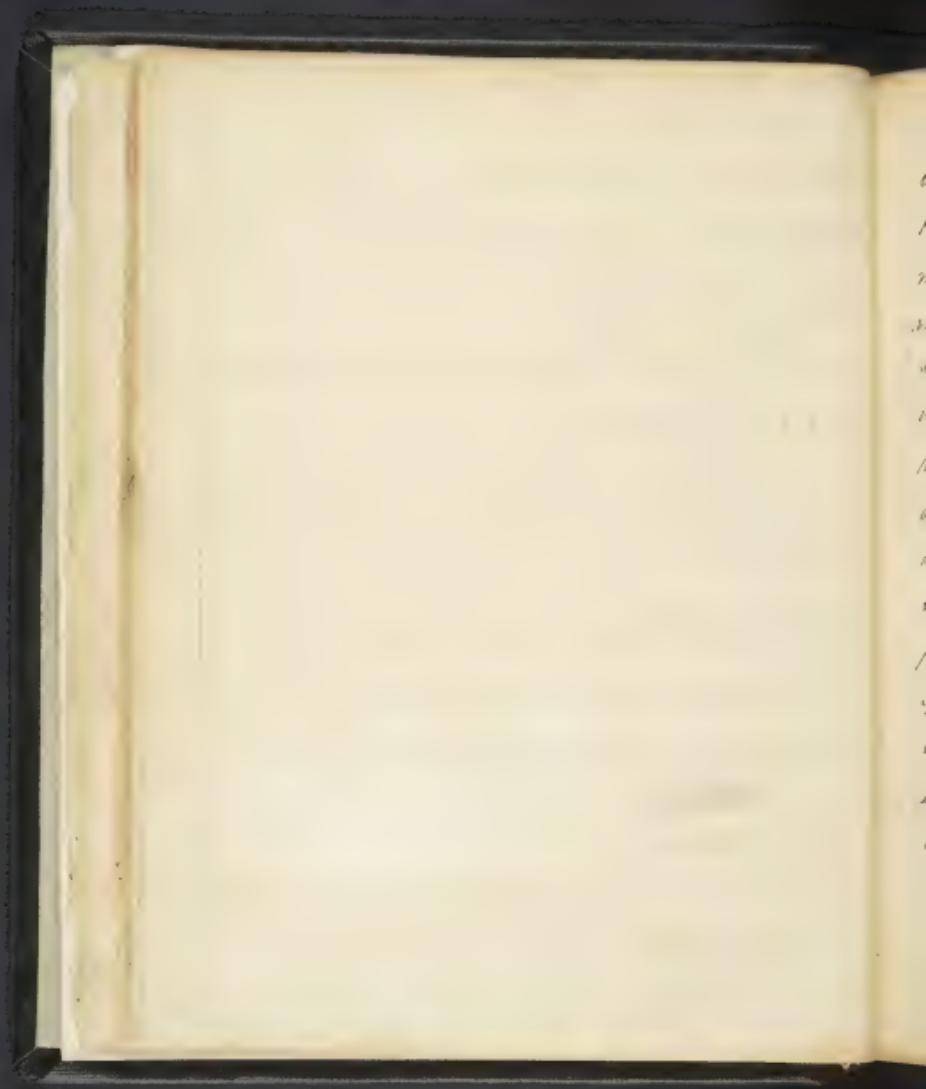
Intermittent sometimes takes the name of various
rare as the eye a can & it is a name of a certain
disease by St. Eliezer, who names it as a name of the
disease in which all the symptoms of the disease are
seen, and, when it is done, it is no longer to be seen
in the body.



This disease is almost entirely confined to warm marshy country, and is caused by the eff. water arising from stagnant water, putrid vegetal matter remaining. This has universally been allowed to be the most common cause of intermissions. & before it is to be out, now, that is without marsh marl or the eff. water arising from putrid vegetal matter, Intermittent, fever cannot be introduced, cold, moisture, & your lungs, acting as follows I acknowledge to be auxiliary in its production but they are only auxiliary, and without their main spring Marasmus cannot introduce the disease. Cases have been cited, by men of a different opinion, in which, persons, even in the most healthy parts of cities have been attacked by them; allowing this to be a fact, it does not at all militate against my reasoning, for in such a case to be exposed to a considerable distance and time is a most violent effort in the system, for a considerable length of time, the intense alteration, so violent as to injure

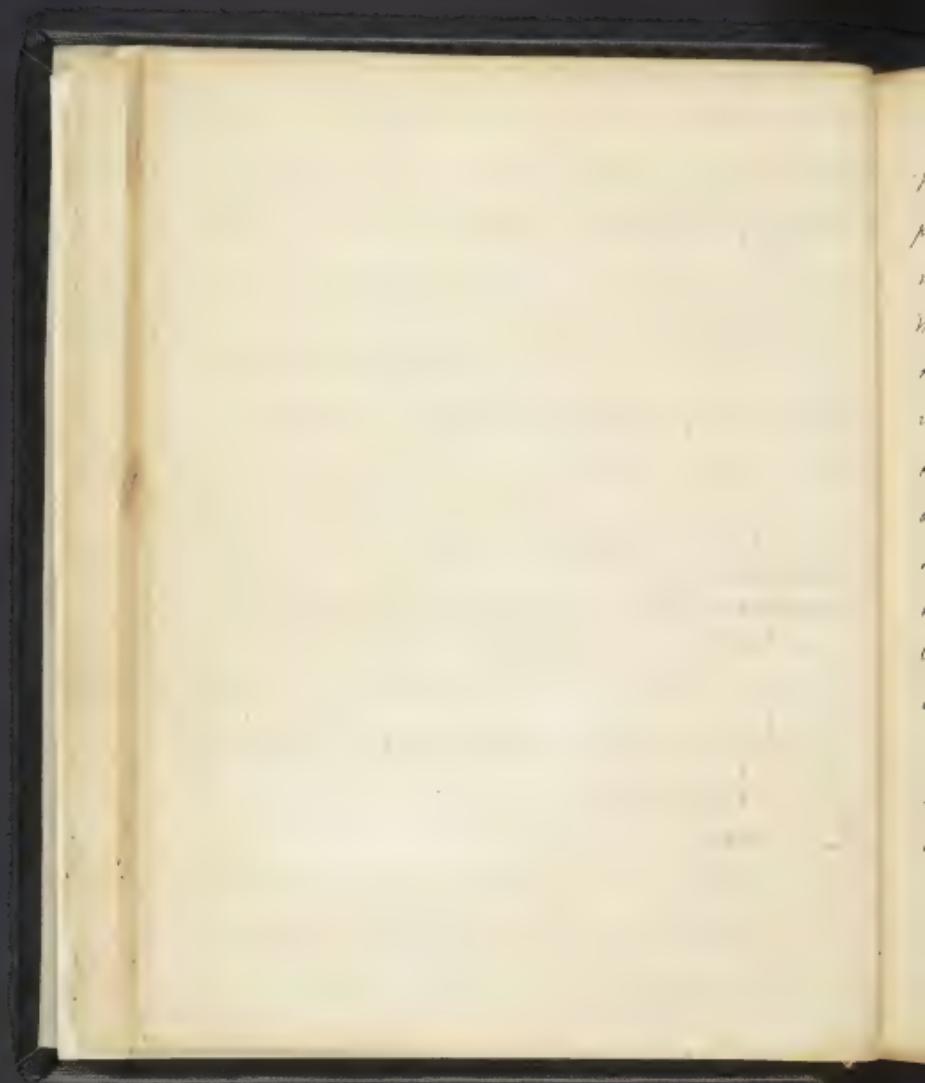


more lived at no great distance from some putrid vegetable matter, or might even ^{accidentally} class them as some and not some other vicious near a place of this kind. I do not think that a town is a proper place from which to draw ^{conclusion} as to the cause of such a ^{malady} there; we all know that a quantity of such excreta in any town, this is adequate to the production of this disease; yellow fever, and of yellow fever can be produced by it, why not miasma, which requires for its production a much milder poison, and the supporters of that doctrine produce, of ^{any} case, a case of this disease in a high healthy country, as remote from any marsh, stagnant water, or collection of putrid matter, with ease. I will say, we can not be found in the sunsets of noon, noon, in some person who had contracted it, reason, in words, place; cold, moisture, night air & night air, as in a ^{swelling}, pain and fast ^{time} or man; 77, 78, 79.

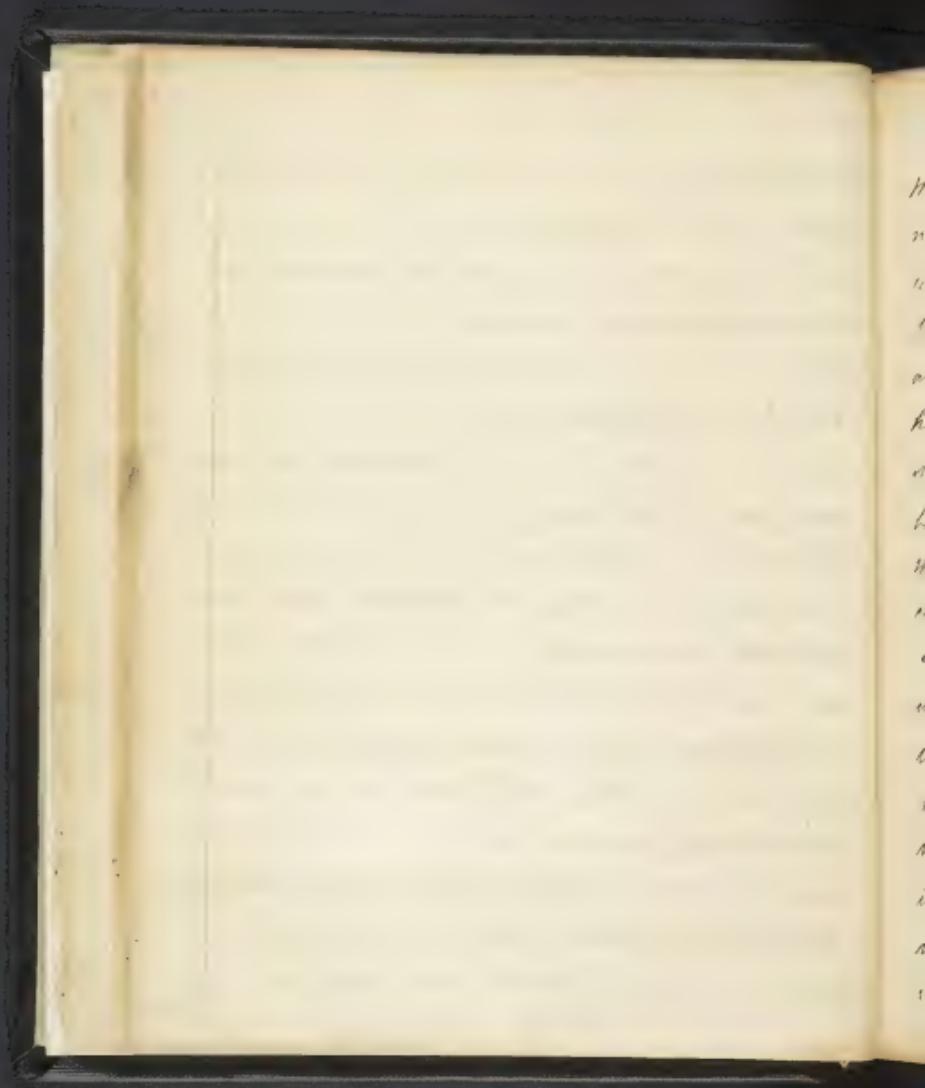


into action.

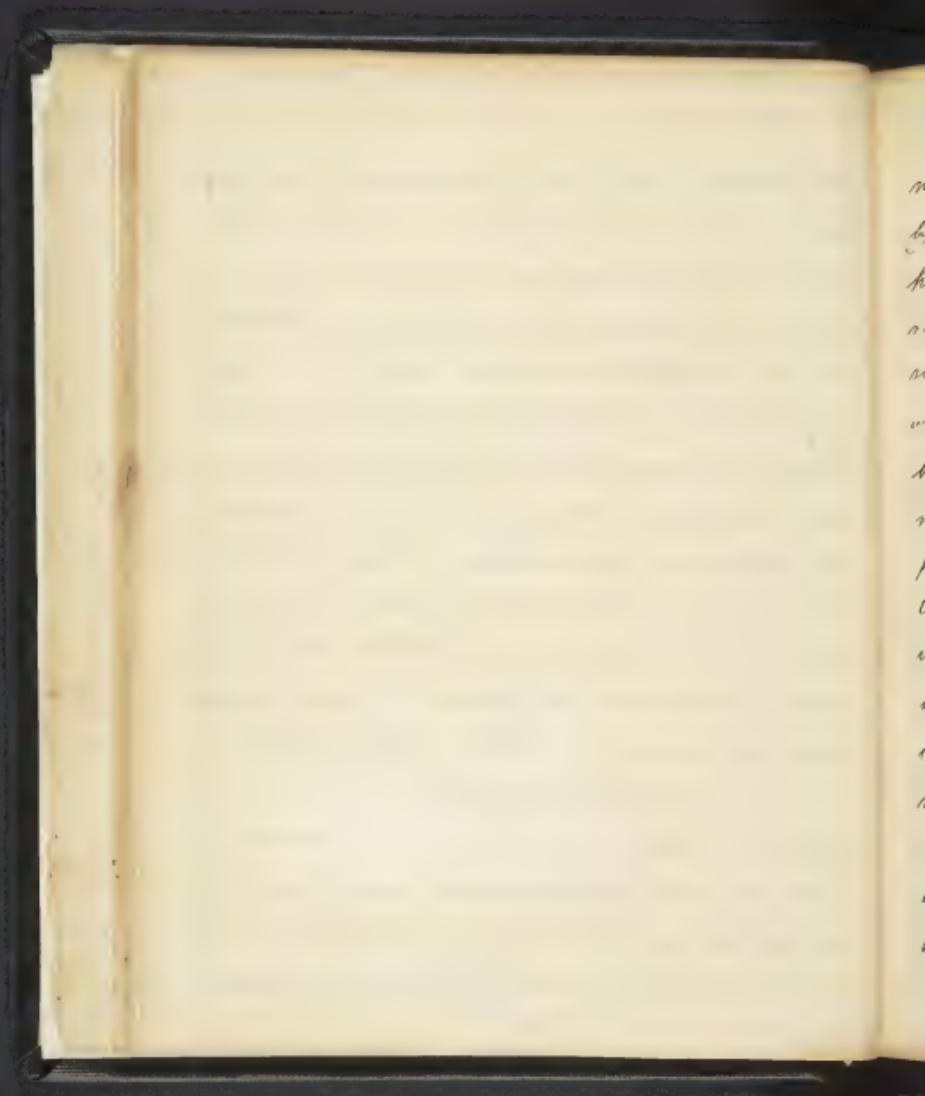
Having given the causes, symptoms, and forms of intermission, now I come now to its management. This is very naturally divided into two parts, say, the treatment proper during the paroxysm, and that during the apoplectic or intermission. First of that proper during the paroxysm. We generally follow the practice that nature dictates, and therefore when called to a patient in the first stage of the disease we order him to be put in a warm bed and warm applications to be made to his, &c. and different parts of his body; warm drinks should also be given and if he be much distressed we may be induced to give him stimulants. Icum has been very highly recommended in the cold stage of tertian fever in the acute & many stages of the tertian fever, this I think is a very valuable remedy, but in some cases much more is required to remove the disagreeable affection of the head and neck & ears that often attend when the hot stage comes on.



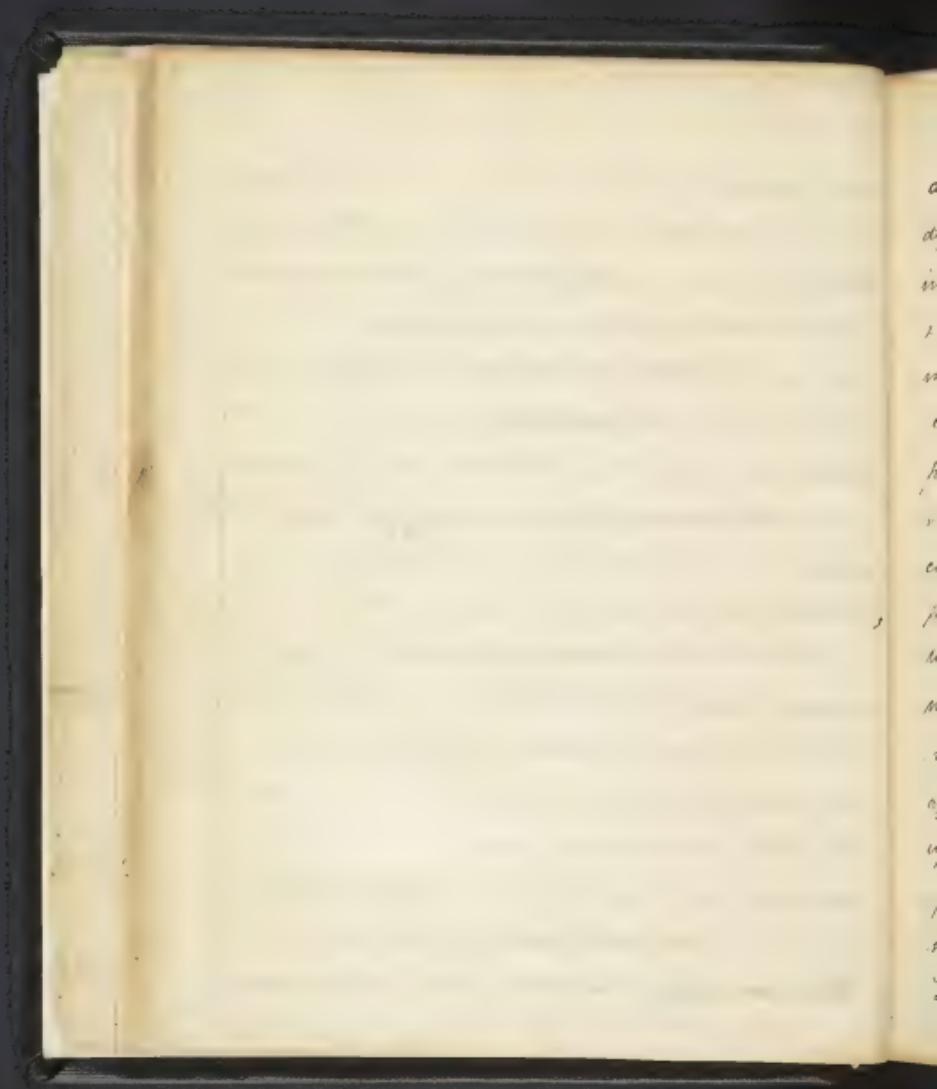
The first thing to be done is to remove irritation, for this purpose we prescribe an emetic, but sometimes its use is impeded by the sneezing vomiting that occurs; in that case we have only to encourage it with warm drinks; having removed the source of irritation our next object is to produce a diaphoresis; to effect this various means may have been recommended. In Europe the James powder is prepared, in this country the commonest preparation is the Eupatorium Perfoliatum or the Spergularia Minima we generally use. I think the last article is best adapted to this stage, it is very grateful to the stomach and can be retained on the stomach when every thing else will be rejected; it is also more certain in its operation than either of the others. This practice is adequate in a majority of cases, but should not, however, in Lemma my action allow we should have recourse to bloodletting. The foregoing treatment has been merely palliative. I come now to that by which we put a more rapid stop



the paroxysms: this forms the second part of the management of intermission, say, that, superseding the intermission. The first remedy of which I shall treat is
Blood-letting: Various opinions have been entertained as to the propriety of bleeding in intermission, and some have thought it injurious under any circumstances, and others on the contrary employ it in all occasions, I believe, as is generally the case, that the truth lies between them. Called to a patient with a full pulse, flushed countenance, great heat, thirst &c I should undoubtedly bleed him, he might, and, notably, would recover without it, but to me the language of a man, whose talents were equalled by nothing but his rotundity, "we would not attack an enemy with a taunting weapon when you had, cavalry and artillery &c exactly so is the case with blood-letting in the disease, of which we are treating, other remedy will often cure it, and indeed, is well after a balanced and subside, but this is



not a sufficient reason, for laying aside those remedies
by which a cure can speedily be obtained. Bloodletting
however will not of itself effect a cure, but it will mode-
rate the violence of the paroxysm very much, the cold
stage will be shorter, the hot not so intermitting, and the
sweat not so copious, and consequently not so debilitating;
besides those advantages it paves the way for other re-
medies, which would before have been injurious. As much
pleased as I am with the receipt of bloodletting in in-
termittent fever in particular cases, yet there are many
in which it is wholly inadmissible; should the system
be much debilitated, and the pulse weak, no one
would for a moment think of abstracting blood
nor would I upon every slight attack of intermit-^{ting}
tent fever, have recourse to venesection; very many
cases, may very readily be cured without it, and
where that is the case I would by no means bleed.
The next class of remedies of which I have treat-



are Emetics. And as in Escrivation there may be a
difference of opinion, some preferring cathartics, there are
in many cases adequate to the cure but this is
some in which they are not. Emetics at first view
would appear to be contraindicated in this disease, be
cause often at the commencement of a paroxysm, the
patient is affected with a painful and continuous
vomiting, and it would appear that all offensive matter
contained in the stomach, would be evacuated by the
powers of nature alone, this by experience we find not
to be the case, the fever continuing with great violence,
we must therefore have recourse to emetics. The
fever is often much affected, containing a quantity
of retained bile, which of itself is calculated to keep
up the disease; for the removal of this nothing is so good
for as an emetic, one of which will generally answer,
but care sometimes occurs in which more may be required.
So efficacious are emetics here, that the disease is

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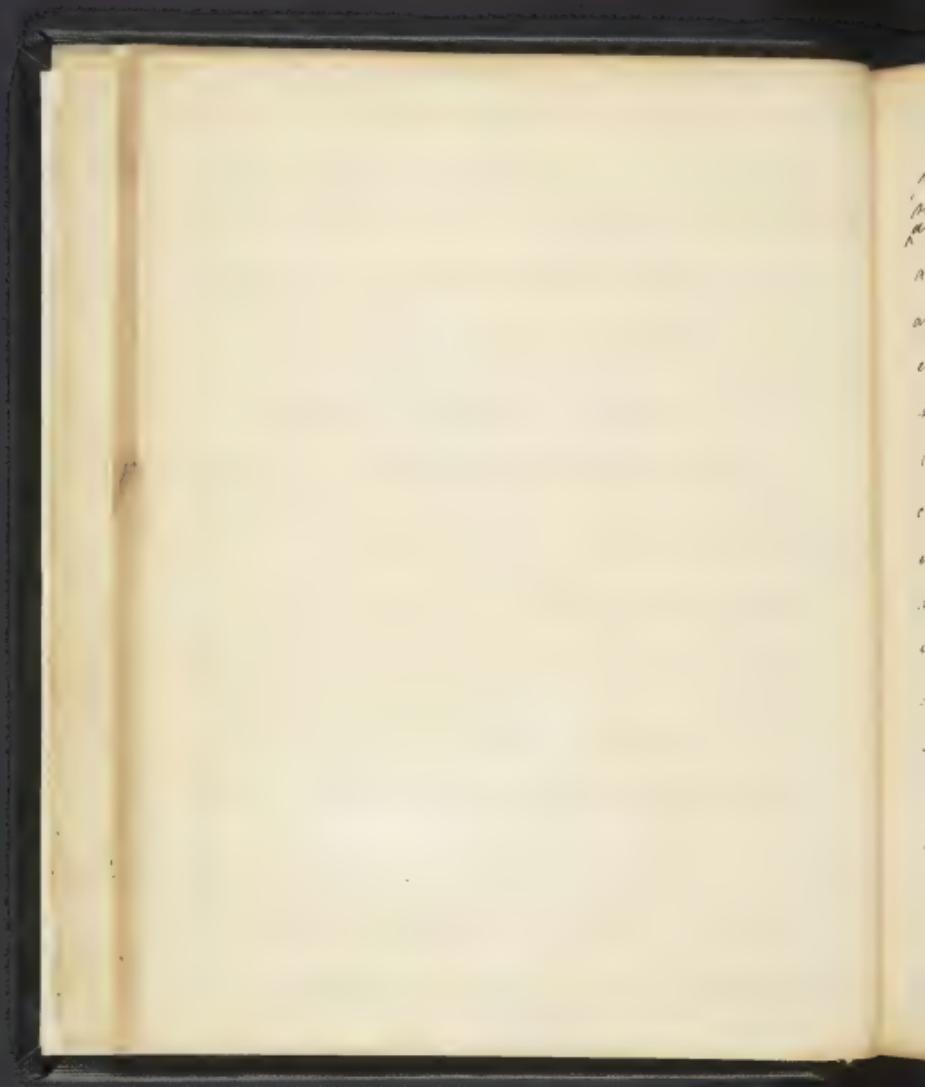
Not checked by a single one but if the aperiental one be not retained, they will, like bloodletting, prepare the system for the reception of rotting, which previously, would not only have been useless, but evidently disadvantageous. The Tartar Emetic should be preferred except in the case of very delicate women and children, where Specumandra should be used.

Cathartics are also very useful medicines in this disease. Emetics are sometimes given some cause or other, inadmissible however. Tartars are indispensable. They are also required when cathartics are used, as it is necessary that the alimentary canal should be evacuated, previous to the use of tonic medicines. The cathartic most commonly used, is Calomel either alone or in combination with rhubarb or jalap.

The above remedies alone will often effect a cure, but in a majority of cases, a tonic plan of treatment is required to effect that purpose. The tonic most in general use in this disease is the Peruvian Bark. This invaluable medicine was discovered in the province of Potosi in South America, about 1600.



seventeen hundred and thirty eight, by accident, an Indian
was said to have been cured of an intermittent fever, by drinking
water from a pond into which a portion of the bark had
fallen. It was soon after administered to the countess of
Cinchon a lady to the Spanish viceroy, with such success
except that its fame soon spread both in America and
Europe; from this lady it derived the name of Cinchona;
and that of Jesuits bark from the circumstance of one
of that order having first introduced it into Europe. It very
soon spread nearly over that continent, and is I believe
at the present day, wherever known, almost extinguished, and
in the cure of this disease. There is a great difference of
opinion, among the writers on this subject as to the proper
time of giving the bark some directing it during the, paroxysm
other during the intermission; some commanding the use of it
immediately, the patient is attacked; others waiting until
several paroxysms have intervened. In the intermission occurring
in the United States, the intermission is undoubted.



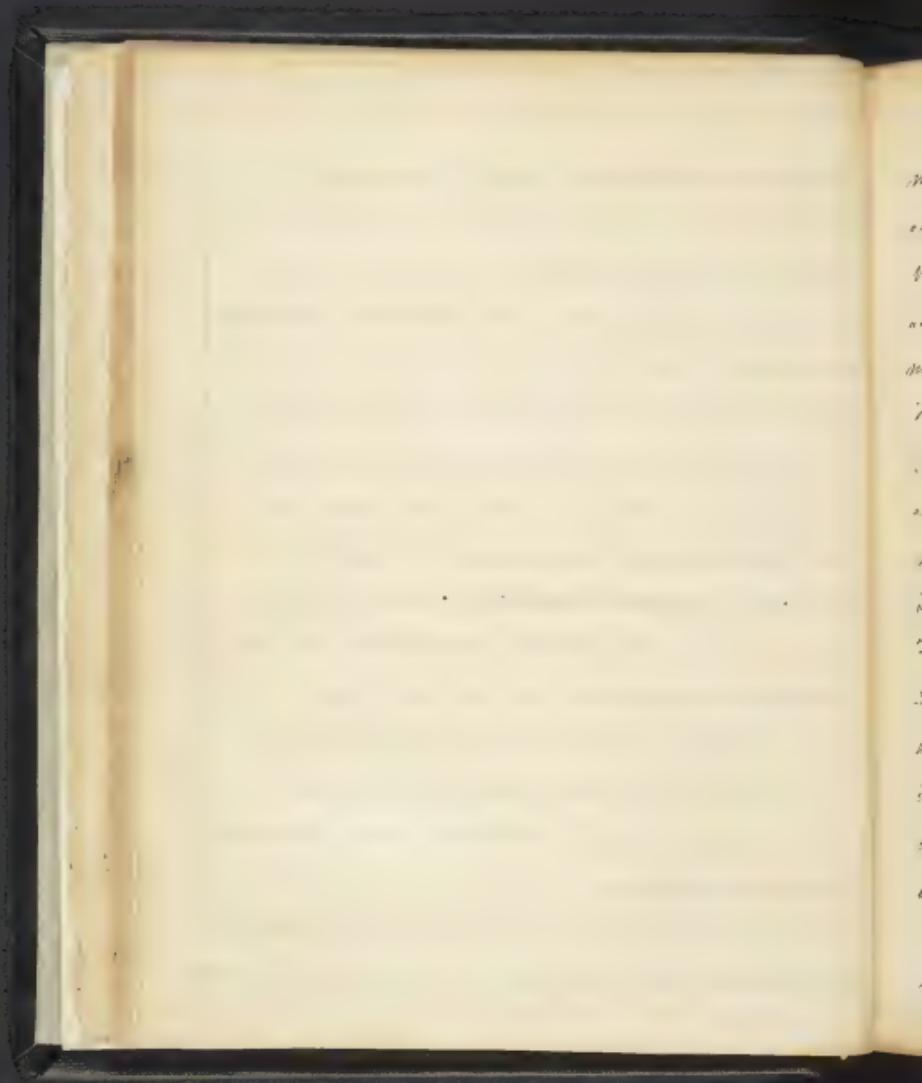
proper time, or giving no medicine. It should be given in substance in doses of a drachm every hour until within a short time of an expected attack, when it should be discontinued, for if given at that time or during the paroxysm it ~~is~~ ^{will} aggravate every symptom. To the question, whether or not the bark should be given immediately upon an attack of intermission fever? I would answer, it should be given as soon as the proper convulsions have been perceived and not before. It is the practice in the West Indies of giving an ounce ~~at a dose~~ ^{at a time}, even morning and no more during the day; could this be retained? it would perhaps be a good practice, but I believe our stomach will be found that can bear as much. The stomach is often in such an irritate state, that the bark in substance cannot be borne in the smallest doses, here we should substitute the infusion or decoction, and if this too should be rejected we must resort to injections; this method however will not be submitted to, or a sufficient length of time to effect any great a alteration in adults, it is



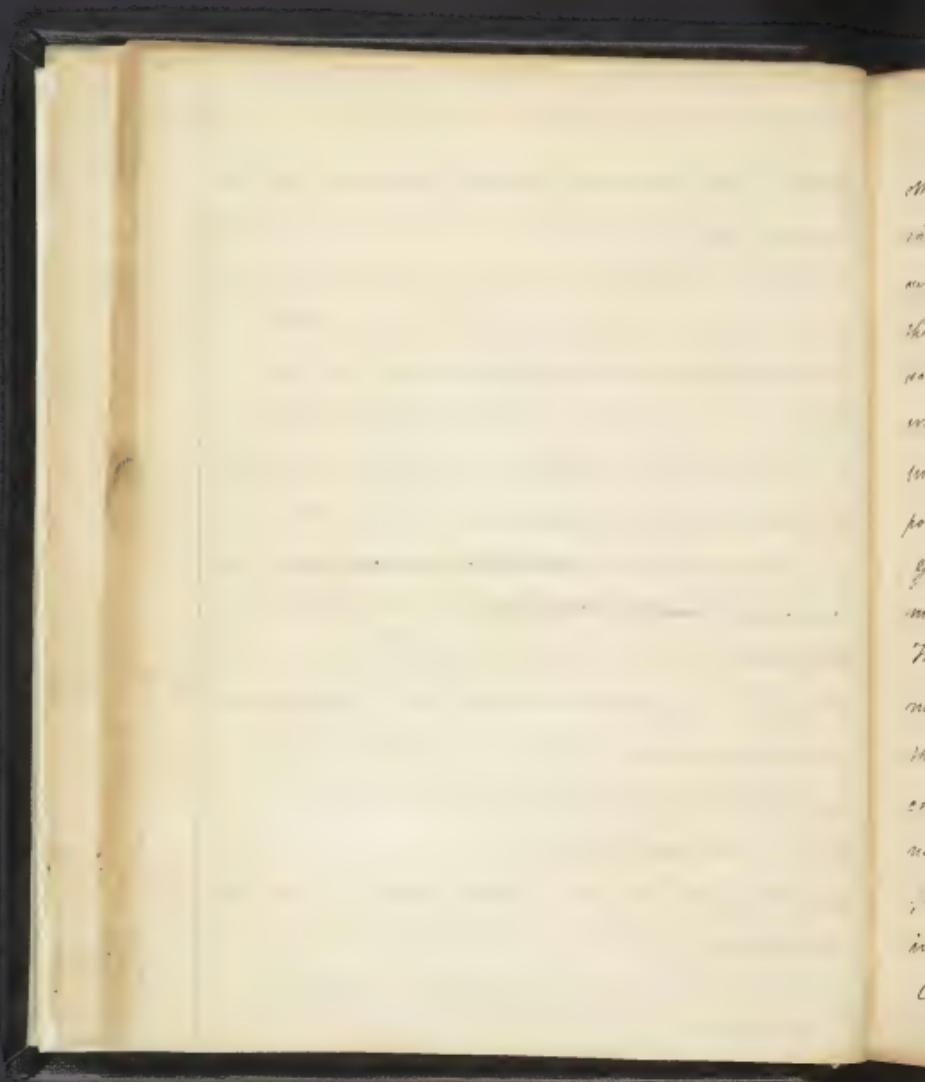
Therefore only applicable to the cases of children; and since
the scutum often gets in so volatile a state as almost to
prevent the introduction of the bark; a small quantity of
Cannanum in each injection will obviate in a great degree
this defect. It has also been recommended to apply it
locally; either by spreading it over the skin, by bathing

in a strong decoction, or by quaffing a quantity of it
in a steamed, which so it were, if the patient need it.
This last mode I believe is preferable; it is however applic-
able only to very delicate constitutions, and to children, and
happily those are the only cases in which it is ever necessary
to employ it in this form. The bark sometimes, pro-
ducing, here a little ^{inflammation} should be confined
with it, but if on the other hand it should have a con-
siderable effect, a small quantity of Cannanum may be used in
conjunction with it.

A number of medicines have been proposed as substitutes for
the Orruvian Bark in the case of intercurrent fevers, of which



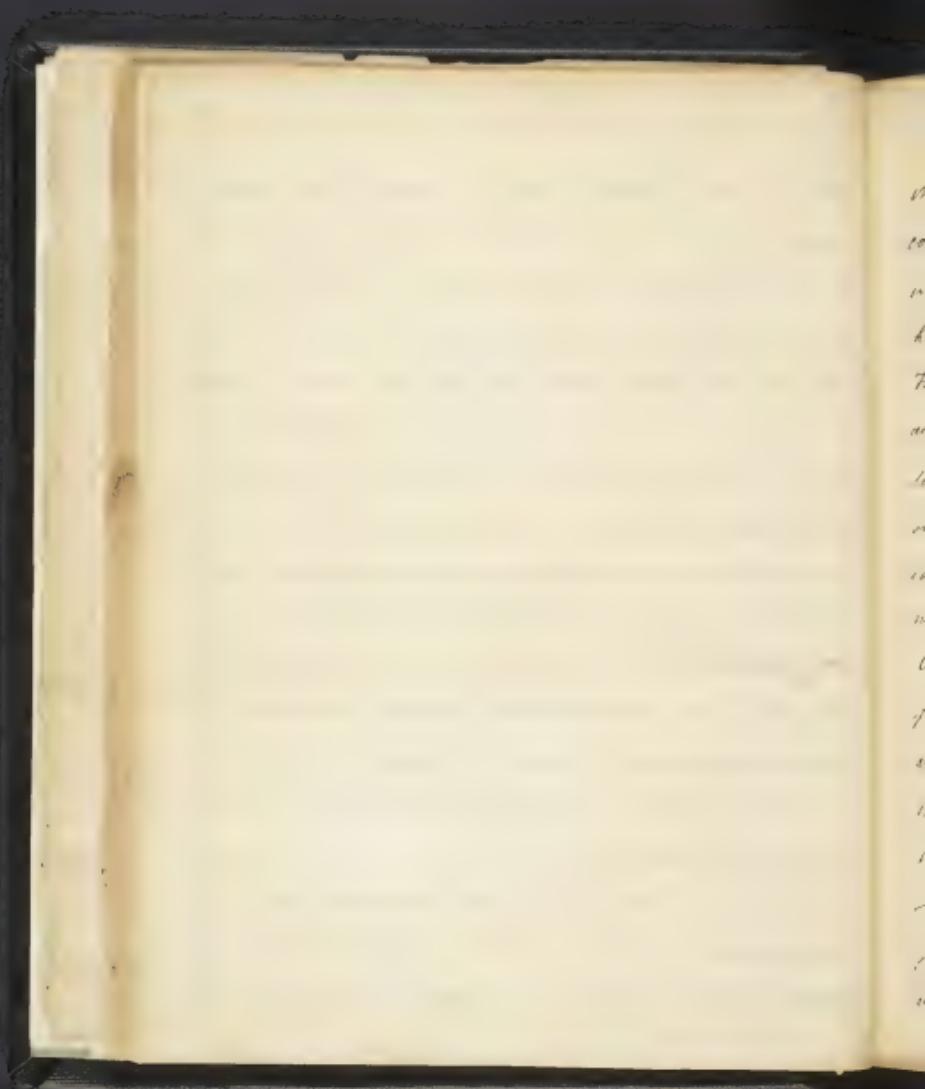
mention a few of the most efficacious: Commenced with those
of our own country, of which one of the best is the Saponaria
Virginiana; this has been very highly recommended; it has given
alone a sometimes productive and successful result, but it was
much more valuable remedy when combined with the last.
The Cupulatum Rectification has been highly spoken of by
Dr. Hosack who used it exclusively in this disease and with
great success. Dr. Bartow was much pleased with the however
as a remedy for it, and says other practitioners have used
it, with evident advantage. The Linocaulon
Tuberosum or common poplar was a favourite remedy, of
Dr. Rush, he preferred it to all others, the / we only excepted;
Dr. Bartow also used it with success, and I have lately been
informed by a very respectable practitioner of Virginia that he
uses it with nearly the same success as the Linocaulon, he
uses the bark of the root in rather larger doses than the
Cinchona and in the same form. Many more of our native
medicines have been used but I shall only mention one



ther, the Cornus ^l lindleyi or common dogwood. This I think should hold the first rank among the medicinally active trees in our country, in the cure of intermittent fever. The bark of the root is the part employed. It is grown in America larger than the Persian Bark. In the lower parts of New England where the disease is perhaps as frequent as in any part of the United States this medicine is much used by the poorer classes of society and with very great success.

Gum Kino may be used with advantage in cases of intermittent fever accompanied with bowel affections. The angustifolia was introduced as a remedy for intermittent fever a considerable time past, it was at first thought superior to the Bark, & however soon lost its credit; but within a short time past has again come into notice. It is more grateful to the stomach, and there may sometimes be employed where the bark is inadmissible.

Carbon has recently been recommended in this disease.



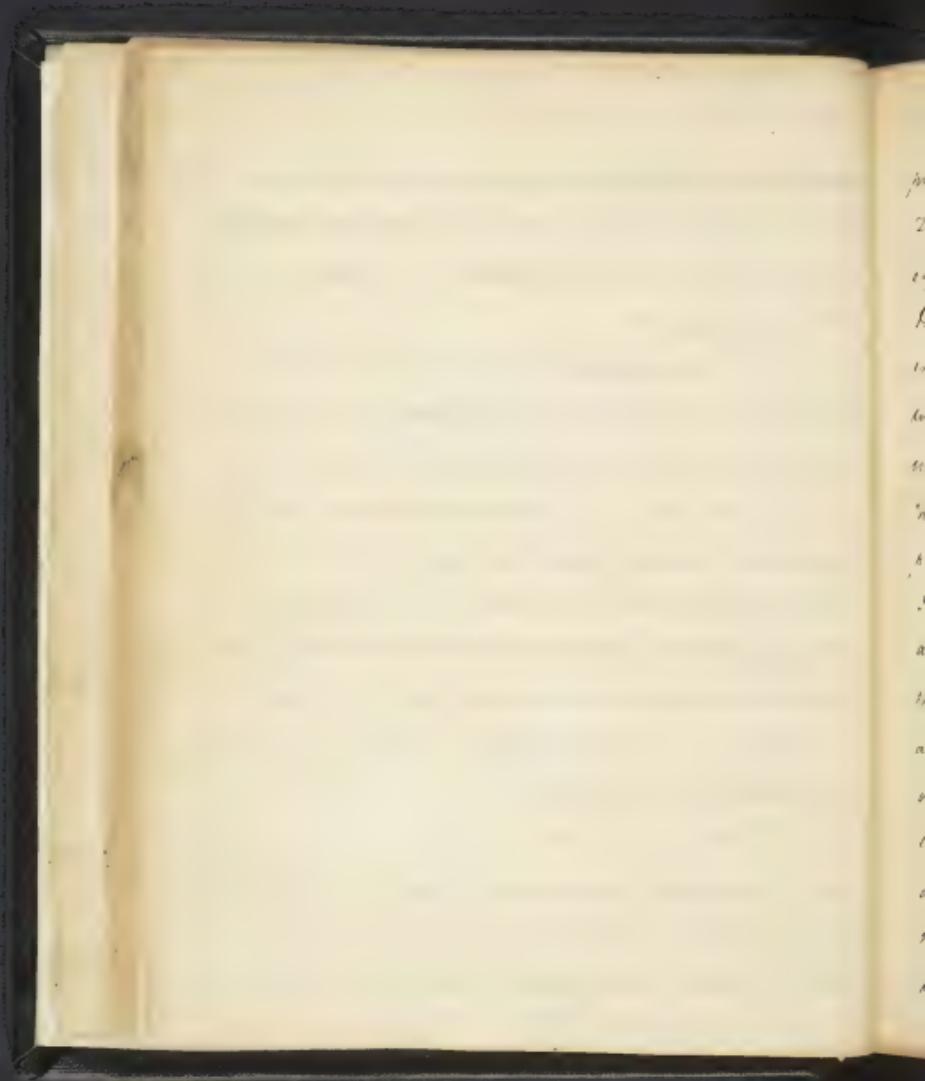
It was first used by Dr. Hallam a Lancashire physician. He communicated his success to Dr. Collot then in Society who also used it with much advantage. Many practitioners have since used it, and I believe have ^{done it} great ~~other~~ service. The Blue vitriol has been very highly recommended in the disease of which we are treating it is now used in this long standing. The Sulphates of Soda and Zinc have also been used; they are proper in the same case as the medicine last mentioned. Many other articles from the Muncos' larder might be enumerated, but I shall only mention one other, An ointment of this medicine in the case of intermitting fever, not a little has been said. From the facility with which it may be administered, & is peculiarly adapted to the cases of children; it must also be used with much benefit in the intermissions of adult convulsions with the bark. Sometimes all these however fail and the disease continues for a great length of time. Blood-letting has been long used with the most evident advantage; often by abranging low or



twelve ounces of blood and applying a blista case has been cured that had baffled our utmost endeavours. But sometimes the disease is kept up by congestions of the viscera, we must here resort to mercury.

The Bark should be continued for some time after the haemorrhaging have been stopped, and the patient should be careful not to expose himself to cold or damp. He should be made dry and warm and if much debilitated should wear foment, as the system after an attack of intermit tent fever, is peculiarly ^{susceptible} to a repetition of the disease.

Having given the general treatment proper during the intermission, I shall now mention what to be pursued at the time of an expector paroxysm, for warding it off. The patient should be put in a warm bed and warm warm drinks given. Sardanum is here a very valuable remedy, forty or fifty drops should be taken in a quantity of tea or coffee, as warm as it can be borne. This will often keep off an attack. Violent exercise immediately,



preceding the expected paroxysm. Has sometimes stopped the
Terror or a violent fit of vapour has produced the same
effect. Change of situation is sometimes very beneficial.
Having given a short account of the cause, nature, and
localment of Intermittent fever, I shall now proceed
to make a few remarks on its prevention. This is a subject
well worthy the serious attention of medical men, since
there are some parts of our country, in which a large pro-
portion of the inhabitants have annually this disease.
Persons living in Miasmatic country, should avoid, single
air, long fasting, fatiguing exercise or any thing predisposing
the system to the action of the Miasma, particularly, getting wet,
and remaining in damp clothes for any length of time. Hours
of rest should be planted between the houey of the inha-
lants and the source of exhalation. Much benefit may be
derived from taking a dose of Bark every morning, during
the summer and fall: this I have frequently seen attended
with success. The clothes should be changed agreeably to the

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varieties of temperature; it is very essential that this should be attended to, as the changes of weather are often so great, that half half the persons in a family are attacked with an ague in a short time of each other. This may frequently be prevented by the precaution I have mentioned, and I believe were it more generally adopted, cases of intermittent fever should be rare, compared to what they are at present.

